

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Academy of Dermatology Association Political Action Committee (SkinPAC)

ADDRESS (number and street)

1445 New York Avenue NW

Ste 800

Check if different
than previously
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00359539

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report(Q1)July 15
Quarterly Report(Q2)October 15
Quarterly Report(Q3)January 31
Quarterly Report(YE)July 31 Mid-Year
Report(Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

11

01

2009

through

11

30

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Steven J. Debnar

Signature of Treasurer

Electronically Filed by Steven J. Debnar

Date

12

16

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

A. Form/Schedule : **F3X**

Transaction ID :

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

3 / 20

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Report Covering the Period: From:

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2009	247678.13
(b) Cash on Hand at Beginning of Reporting Period	246668.65	
(c) Total Receipts (from Line 19)	19669.00	300277.93
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	266337.65	547956.06
7. Total Disbursements (from Line 31)	4952.56	286570.97
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	261385.09	261385.09
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE **OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

4 / 20

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Report Covering the Period:

From:

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	15220.00	247564.51
(ii) Unitemized	4449.00	52713.42
(iii) TOTAL (add Lines 11(a)(i) and (ii)	19669.00	300277.93
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	19669.00	300277.93
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	19669.00	300277.93
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	19669.00	300277.93

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	452.56	5069.97	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	452.56	5069.97	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4500.00	281500.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	1.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	1.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	4952.56	286570.97	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4952.56	286570.97	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

6 / 20

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	19669.00	300277.93
34. Total Contribution Refunds (from Line 28(d))	0.00	1.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19669.00	300276.93
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	452.56	5069.97
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	452.56	5069.97

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 20

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Glenn H. Brown

Mailing Address Suite 320B

1450 S Dobson Road

City

Mesa

State

AZ

Zip Code

85202-4765

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	3	/	2	0	9	

Transaction ID: 70D3D07312528E48B1B

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Marc David Chalet

Mailing Address Apt. 1104

10551 Wilshire Boulevard

City

Los Angeles

State

CA

Zip Code

90024-7309

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dermatopathologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	3	/	2	0	9	

Transaction ID: 1375ED3B21F1CADEB4A

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Barbara Greenan

Mailing Address Suite 870

1350 I Street Northwest

City

Washington

State

DC

Zip Code

20005-3387

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Academy of Derma-
tology

Occupation

Association Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	9	

Transaction ID: 8F72B35A20EAD54DBC6

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

575.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 20

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Armando Jose Guardiola

Mailing Address De Diego Number 102 E

City

Mayaguez

State

PR

Zip Code

00680-4700

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 0 9

Transaction ID: 294DB42474D6862A069

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Philip R. Hardin

Mailing Address 2024 Mallard Point Road

City

Mountain Home

State

AR

Zip Code

72653-7102

FEC ID number of contributing
federal political committee.

C

Name of Employer
OrthodermicsOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 9

Transaction ID: 3BD2E7027B01098E6B5

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Aubrey Chad Hartmann

Mailing Address 2017 Spyglass Hill

City

Leander

State

TX

Zip Code

78641-8850

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 9

Transaction ID: 9C114D57A474E48B624

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Lisa R. Hynes

Mailing Address 13613 W Medlock Drive

City

Litchfield Park

State

AZ

Zip Code

85340-4052

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arrowhead Dermatology

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 6 / 2 0 0 9

Transaction ID: DE8A8A62FFCD958B052

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Francis W. Iacobellis

Mailing Address 62 Palisade Road

City

Rye

State

NY

Zip Code

10580-3827

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 6 / 2 0 0 9

Transaction ID: EAA356FCF7A95B06BFF

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Tim Ioannides

Mailing Address 1340 Olde Doubloon Drive

City

Vero Beach

State

FL

Zip Code

32963-2455

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: BD803359A45F21BCF83

Amount of Each Receipt this Period

1100.00

SUBTOTAL of Receipts This Page (optional)

1715.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

J. Matthew Knight

Mailing Address 300 E Harvard Street

City

Orlando

State

FL

Zip Code

32804-5527

FEC ID number of contributing
federal political committee.

C

Name of Employer
Knight Dermatology Instit-
ute

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 9

Transaction ID: 3C99BFB36DAC547A3DB

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Kimberly A. Kolar

Mailing Address 4385 Juniper Trail

City

Reno

State

NV

Zip Code

89519-2987

FEC ID number of contributing
federal political committee.

C

Name of Employer
Skin Cancer & Dermatology

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 9

Transaction ID: 911225E80A364B3BBBE

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

David R. Lane

Mailing Address 3016 Idlewood Circle

City

Charlotte

State

NC

Zip Code

28209-1414

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dermatologic Surgery of
the Carolinas.

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 9

Transaction ID: 0A4C276C019D8D9D536

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Leslie Shook Ledbetter

Mailing Address 106 N Garnet Bend

City

the Woodlands

State

TX

Zip Code

77382-2644

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 9

Transaction ID: 5E8A97A21137E8E3618

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Daniel Kenneth McKenzie

Mailing Address 23772 Salvador Bay

City

Monarch Beach

State

CA

Zip Code

92629-4207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 0 9

Transaction ID: 20EC32200827E543934

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Jami L. Miller

Mailing Address 3404 Springbrook Drive

City

Nashville

State

TN

Zip Code

37204-3403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 9

Transaction ID: 3FA341B1037AD4CCCD9

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Richard Lawrence Miller

Mailing Address 6 Tallmadge Gate

City

Setauket

State

NY

Zip Code

11733-1418

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 9

Transaction ID: 02FF09E84BEF2FCC44E

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Maureen Ann Mooney

Mailing Address 2724 N 31st Street

City

Tacoma

State

WA

Zip Code

98407-6405

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 9

Transaction ID: C6A96FC8EF213653344

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Phyllis K. Murphy

Mailing Address 418 Saint Andrews Drive

City

Belleair

State

FL

Zip Code

33756-1935

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 9

Transaction ID: D9D08B8B3072172347D

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Tho Q. Nguyen

Mailing Address 3912 Hillwood Way

City

Bedford

State

TX

Zip Code

76021-2527

FEC ID number of contributing
federal political committee.

C

Name of Employer
N.E. Tarrant Dermatology

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 9

Transaction ID: DA4D4B3CB6FACE404ED

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Vu Huu Nguyen

Mailing Address 1027 Sagebrush Road

City

Carlsbad

State

CA

Zip Code

92011-3974

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mission Internal Medical
Group

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 3 / 2 0 0 9

Transaction ID: 3495EF732F3D45F6196

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Jennifer A. Palmer

Mailing Address 101 Pike Court

City

Pella

State

IA

Zip Code

50219-7517

FEC ID number of contributing
federal political committee.

C

Name of Employer
Iowa Dermatology Inc

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 0 9

Transaction ID: 0F58B429CBDCE9173B9

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Jerome R. Potozkin

Mailing Address 2502 Alamo Country Circle

City

Alamo

State

CA

Zip Code

94507-1495

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 9

Transaction ID: A2AD5C3A0A97AC6E9DA

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Leah Press

Mailing Address Suite 101
1340 W Herndon Avenue

City

Fresno

State

CA

Zip Code

93711-0431

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 9

Transaction ID: 30605AB3309C9D6B512

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Curtis A. Raskin

Mailing Address 519 Oakshire Place

City

Alamo

State

CA

Zip Code

94507-2327

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 9

Transaction ID: D8BAC4B6D380EB8BE15

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 20

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Eduardo G. Rivera

Mailing Address 3652 Shoshonee Drive

City

Columbus

State

IN

Zip Code

47203-2522

FEC ID number of contributing
federal political committee.

C

Name of Employer
Skin Solutions

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	9	/	2	0	0	9

Transaction ID: EC2BE0B57DB75052E7D

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Shawn R. Sabin

Mailing Address 5021 Tomahawk Road

City

Prairie Village

State

KS

Zip Code

66208-2468

FEC ID number of contributing
federal political committee.

C

Name of Employer
Derm & Skin Cancer Special-
ists

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	4	/	2	0	0	9

Transaction ID: 34044BAD8C8C93AA952F

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Andrew D. Samel

Mailing Address 152 Emory Street

City

Attleboro

State

MA

Zip Code

02703-2461

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	6	/	2	0	0	9

Transaction ID: 93CC48FE67A2AB3154C

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Jonathan Scott Sanders

Mailing Address Apt. 101

576 7th Square

City

Vero Beach

State

FL

Zip Code

32962-1875

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 0 9

Transaction ID: E66CA8E790722990A78

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Stephen P. Stone

Mailing Address 2021 S Wiggins Avenue

City

Springfield

State

IL

Zip Code

62704-3338

FEC ID number of contributing
federal political committee.

C

Name of Employer
SIU School of Medicine,
Div of Dermato

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: 0D9DD3981B992D23C90

Amount of Each Receipt this Period

1250.00

C.

Full Name (Last, First, Middle Initial)

Robert Harvey Tinkel

Mailing Address 15715 46th Avenue

City

Flushing

State

NY

Zip Code

11355-2353

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 9

Transaction ID: 677220BEDBB46E663E9

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

David E. Tart

Mailing Address 5704 Hidden Orchard Drive

City

Greensboro

State

NC

Zip Code

27410-2523

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Skin Surgery Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 0 9

Transaction ID: 1AC45657A9808B5627B

Amount of Each Receipt this Period

200.00

PayPal

B.

Full Name (Last, First, Middle Initial)

Douglas A. Thomas

Mailing Address 8809 Montagna Drive

City

Las Vegas

State

NV

Zip Code

89134-6147

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 9

Transaction ID: 5F3E5F073AC2A95815C

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Donald Scott Waldorf

Mailing Address 2 Doe Drive

City

Suffern

State

NY

Zip Code

10901-2302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Waldorf Dermatology & Las-
er Associates

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 9

Transaction ID: 38E7A9E14B630A05D2B

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Rita Weinstein

Mailing Address 51 Yorktown Road

City

East Brunswick

State

NJ

Zip Code

08816-3305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 6 / 2 0 0 9

Transaction ID: FC7459796CAFBAFD2BB

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

15220.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 / 20

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.	<p>Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 53852</p> <p>City Phoenix State AZ Zip Code 85072-3852</p> <p>Purpose of Disbursement Amex Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: V63A1843E5FC655E4F1B</p> <p>Date of Disbursement 11 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 181.52</p> <p>001 Category/ Type</p>
B.	<p>Full Name (Last, First, Middle Initial) Merchant Services</p> <p>Mailing Address PO Box 6603</p> <p>City Hagerstown State MD Zip Code 21741-6603</p> <p>Purpose of Disbursement VS/MC Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: V87F6EB4DD0AF51D190D</p> <p>Date of Disbursement 11 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 60.00</p> <p>001 Category/ Type</p>
C.	<p>Full Name (Last, First, Middle Initial) Merchant Services</p> <p>Mailing Address PO Box 6603</p> <p>City Hagerstown State MD Zip Code 21741-6603</p> <p>Purpose of Disbursement VS/MC Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: V918FDA9917B25928F00</p> <p>Date of Disbursement 11 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 211.04</p> <p>001 Category/ Type</p>
<p>SUBTOTAL of Disbursements This Page (optional)</p>		<p>452.56</p>
<p>TOTAL This Period (last page this line number only)</p>		<p>452.56</p>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 / 20

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A. Full Name (Last, First, Middle Initial) Friends of Sherrod Brown <hr/> Mailing Address PO Box 76187 Suite 800 <hr/> City Washington State DC Zip Code 20013 <hr/> Purpose of Disbursement 2012 Primary Candidate Name Sherrod Brown <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 68F7F97A30AB938CB4D Date of Disbursement <div> <div>11</div> <div>26</div> <div>2009</div> </div> <hr/> Amount of Each Disbursement this Period <div>1000.00</div>
B. Full Name (Last, First, Middle Initial) Friends of Sherrod Brown <hr/> Mailing Address PO Box 76187 Suite 800 <hr/> City Washington State DC Zip Code 20013 <hr/> Purpose of Disbursement 2012 General Candidate Name Sherrod Brown <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: F9E228D3FCBC430A57A Date of Disbursement <div> <div>11</div> <div>26</div> <div>2009</div> </div> <hr/> Amount of Each Disbursement this Period <div>1000.00</div>
C. Full Name (Last, First, Middle Initial) Nebraska Leadership Pac <hr/> Mailing Address PO Box 3325 <hr/> City Omaha State NE Zip Code 68103 <hr/> Purpose of Disbursement 2009 Contribution Candidate Name Nebraska Leadership Pac <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	Transaction ID: F0663E845051C2C3503 Date of Disbursement <div> <div>11</div> <div>26</div> <div>2009</div> </div> <hr/> Amount of Each Disbursement this Period <div>2500.00</div>
SUBTOTAL of Disbursements This Page (optional)	<div>4500.00</div> <hr/> <div>4500.00</div>